F. Reimbursement for inpatient consultations or inpatient hospital visits by a physician to a patient whose level of care has been reclassified by the Peer Review Organization from acute to a lower level are not covered. Only those visits determined medically necessary will be reimbursed.

G. Sterilizations are not covered if the patient is under age twenty-one (21).

H. Organ transplantation requires prior authorization in accordance with the District of Columbia Standards for the Coverage of Organ Transplant Services as indicated in Attachment 3.1E of this state plan.

I. Certain surgical procedures (examples: reduction mammoplasty, intestinal bypass for morbid obesity, and insertion of penile prosthesis) require prior authorization.

J. Reimbursement for induced abortions is provided only in cases where the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition, caused or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed, or the pregnancy occurred as a result of rape or incest.

24. Any Other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary (cont'd)

D. Nursing Facility Services provided for Patients under 21 Years of Age are provided with no limitations.

E. Emergency Hospital Services

1. The emergency room clinic physician encounter must be authenticated in the medical record by the signature of a licensed physician to be considered for reimbursement by the program.

2. Reimbursement by the State Agency is restricted to one encounter when the same patient is seen in both the emergency room and/or outpatient clinic department on the same day.

3. Reimbursement for induced abortions is provided only in cases where the life of the mother would be endangered if the fetus were carried to term, or the pregnancy occurred as a result of rape or incest, and when the claim is accompanied by the following documentation:

a. Documentation that services were performed by a provider licensed to provide such services; and

b. Written documentation from the treating physician that the life of the mother would be endangered if the fetus were carried to term; or

c. Documentation that the pregnancy occurred as a result of rape or incest. For purposes of this requirement, documentation may consist of official reports; a written certification from the patient that the pregnancy occurred as a result of rape or incest; certification from the physician that the patient declared the pregnancy occurred as a result of rape or incest; or certification from the physician that in his or her professional opinion, the pregnancy resulted from rape or incest.

Reimbursement shall be made according to the fee schedule amount and shall cover all services related to the procedure including physician fee(s), laboratory fee(s) and counseling fee(s).

F. Reimbursement for inpatient consultations or inpatient hospital visits by a physician to a patient whose level of care has been reclassified by the Peer Review Organization from acute to a lower level are not covered. Only those visits determined medically necessary will be reimbursed.

G. Sterilizations are not covered if the patient is under age twenty-one (21).

H. Organ transplantation requires prior authorization in accordance with the District of Columbia Standards for the Coverage of Organ Transplant Services as indicated in Attachment 3.1E of this state plan.

I. Certain surgical procedures (examples: reduction mammoplasty, intestinal bypass for morbid obesity, and insertion of penile prosthesis) require prior authorization.

J. Reimbursement for induced abortions is provided only in cases where the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition, caused or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed, or the pregnancy occurred as a result of rape or incest.

C. Care and Services Provided in Christian Science Sanitaria are not provided.

D. Nursing Facility Services provided for Patients under 21 Years of Age are provided with no limitations.

E. Emergency Hospital Services

1. The emergency room clinic physician encounter must be authenticated in the medical record by the signature of a licensed physician to be considered for reimbursement by the program.

2. Reimbursement by the State Agency is restricted to one encounter when the same patient is seen in both the emergency room and/or outpatient clinic department on the same day.

3. Reimbursement for induced abortions is provided only in cases where the life of the mother would be endangered if the fetus were carried to term, or the pregnancy occurred as a result of rape or incest, and when the claim is accompanied by the following documentation:

   a. Documentation that services were performed by a provider licensed to provide such services; and

   b. Written documentation from the treating physician that the life of the mother would be endangered if the fetus were carried to term; or

   c. Documentation that the pregnancy occurred as a result of rape or incest. For purposes of this requirement, documentation may consist of official reports; a written certification from the patient that the pregnancy occurred as a result of rape or incest; certification from the physician that the patient declared the pregnancy occurred as a result of rape or incest; or certification from the physician that in his or her professional opinion, the pregnancy resulted from rape or incest.

   Reimbursement shall be made according to the fee schedule amount and shall cover all services related to the procedure including physician fee(s), laboratory fee(s) and counseling fee(s).

(d) Diabetic preparations (e.g., Insulin, syringes, etc.);
(e) Pediatric, prenatal and geriatric vitamin formulations;
(f) Family planning drugs and supplies; and
(g) Senna extract, single dose preparations when required for diagnostic radiological procedures performed under the supervision of a physician.

6. Physician and Specialty Services

(a) For services where the procedure code falls within the Medicare (Title XVIII) fee schedule, payment will be the lesser of the Medicare rate; the actual charges to the general public; or the rate listed in the state agency fee schedule. Effective January 1, 2011, the Department will use the Medicare rates to determine the Medicaid rates for services on or after that date. Beginning January 1, 2011, physician and specialty services rates will be reimbursed at eighty percent (80%) of the Medicare rate. All rates will be updated annually pursuant to the Medicare fee schedule. Except as otherwise noted in the Plan, the District-developed fee schedule rates are the same for both governmental and private.

(b) Effective January 1, 2011, for services where the procedure code does not fall within the Medicare fee schedule, the District will apply the lowest of the following: (1) usual and customary charges; (2) rates paid by the surrounding states of Maryland or Virginia; or (3) rates set by national benchmark compendiums when available.

7. Nursing Home Services
See attachment 4.19D.

e. Out-of-state hospitals shall be reimbursed for outpatient and emergency room visits and services at the host state's Medicaid reimbursement rates.

9. <u>Clinic Services</u>

a. <u>General Provisions</u>

1. Clinic services shall be provided by or under the direction of a physician and may be provided in either public or private facilities.

2. Reimbursement for induced abortions is provided in cases where the life of the mother, due to a physical condition/disorder in the pregnancy woman, would be endangered if the fetus were carried to term, or the pregnancy occurred as a result of rape of incest, and when the claim is accompanied by the following documentation:

   i. Documentation that services were performed by a provider licensed to provide such services; and

   ii. Written documentation from the treating physician that the life of the mother would be endangered if the fetus were carried to term; or

   iii Documentation that the pregnancy occurred as a result of rape or incest. For the purposes of this requirement, documentation may consist of official reports; a written certification from the patient that the pregnancy occurred as a result of rape or incest; or certification from the physician that in his or her professional opinion, the pregnancy resulted from rape or incest.

b. <u>Private Clinics</u>

1. Reimbursement for private clinic services will be based on a two-tier system using the following methodology:

   i. Physician and specialty services rates will be reimbursed pursuant to Attachment 4.19B(6), page 4; and

   ii. Rates provided by non-physicians for Medicaid services will be reimbursed at eighty percent (80%) of the physician and specialty services rate.